



Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITYIn re Application of:
MATTES, et al.Application No.
09/963,341Filed:
September 24, 2001

Title: Alpha 1-Antitrypsin Preparation As Well As A Method For Producing The Same

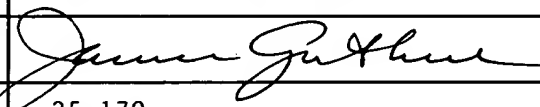
Attorney Docket No.
P-204.00 CONArt Unit:
1651

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Patrick S. Eagleman	44,665

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does **not** have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Name	Janice Guthrie, Ph.D.		
Signature		Date	July 15, 2004
Registration Number	35,170	Telephone	949-474-6406

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.